

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016742

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Filed MAY 1963

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY McDonald | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY McDonald | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Noel, | | Length of stay in 1b 58 years | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. # 1, Noel, Mo. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last John (none) Dodd | | 4. DATE OF DEATH Month Day Year April 29, 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/18/1871 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | |
| 11a. FATHER'S NAME Joseph Dodd | | 11b. MOTHER'S MAIDEN NAME Catherin Morris | |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | | 12b. SOCIAL SECURITY NO. [REDACTED] | |
| 13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suicide By Hanging | | 13b. INTERVAL BETWEEN ONSET AND DEATH Sudden | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Investigated DUE TO (c) By Curt Bradley, Coroner | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m.: 4: Month, Day, Year 4-29-63 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at 4:AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Curt Bradley (Degree or title) Coroner | | 22b. ADDRESS Siouxville, Missouri | |
| 22c. DATE SIGNED 5-6-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5/1/1963 | 23c. NAME OF CEMETERY OR CREMATORY Stone Cemetery | 23d. LOCATION (City, town, or county) (State) Rt. # 1, Noel, Missouri |
| 24. FUNERAL DIRECTOR Downey-Woodard-Mooney, Noel, Mo. | | 25. DATE RECD. BY LOCAL REG. May 1, 1963 | 26. REGISTRAR'S SIGNATURE Mary A. Bradley |

(Licensed Embalmer's Statement on Reverse Side)

General Permit issued 5-1-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 5172

P. O. Address Ray, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.